

# Department of Corrections



**Presentation for  
Senate Finance Public Safety Subcommittee  
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# EHR IMPLEMENTATION

- Electronic Health Records (EHR) system pursuit started 10 years ago
- Funding approved to develop EHR for *all* male and female facilities in Spring 2015
- Budget reductions removed funding - Fall 2015
- VADOC submitted new funding request FY 2017
  - Smaller in scope and less cost
  - Initial focus on female offenders
    - Six women's facilities
    - Plan to request additional funding to implement at men's facilities 1-2 years later



# EHR IMPLEMENTATION (Continued)

- VADOC received written approval to proceed with request for proposal (RFP)
- 2018 – RFP Efforts
  - Completed April 2018 → 867 requirements specifically targeted for a correctional environment
  - RFP approved and released August 2018
  - RFP closed October 2018
  - Eight EHR vendors submitted proposals



# EHR IMPLEMENTATION (Continued)

- Tentative timeline of RFP:
  - EHR system demonstrations conducted – January 2019
  - Finalist(s) will be selected – January 2019
  - Contract negotiations – February and March 2019
  - VITA cloud security and cloud review – January through March 2019
  - Onsite visits of finalist(s) – February and March 2019
  - Contract award – March 2019
  - Fluvanna Correctional Center for Women targeted as first site for implementation
  - Complete deployment at six women's facilities - 2020



# EHR IMPLEMENTATION (Continued)

- EHR additional funding for women's facilities
  - FY 2017 appropriation of \$5.3M provided:
    - \$1.5M from General Fund/\$3.8M from Nongeneral fund
  - Additional funds of \$6.5M provided in Governor's Proposed Budget Amendments to 2018-2020 Biennium:
    - \$3.5M from General Fund/\$3.0M from Nongeneral Fund
- EHR funding for 36 men's facilities
  - Budget request for FY 2021-22
  - Estimated cost \$32.5M



# EHR IMPLEMENTATION (Continued)

- Issues at Fluvanna Correctional Center for Women are linked to lack of an EHR
  - Paper-based records create a significant challenge in documenting offender access to health care
  - Minimal healthcare and financial data
  - Evidenced-based practices difficult to track and achieve



# EHR IMPLEMENTATION (Continued)

- Impact of failure to implement Electronic Health Record:
  - Difficult to defend FCCW lawsuits
    - *Scott v. Clarke* 2016 Settlement
      - Inefficient data collection
      - Poor quality of data
      - Unable to attract and/or retain health care staff in current paper-based environment
  - January 2, 2019 – Court Injunction by U.S. District Court for the Western District of Virginia, *Scott v. Clarke*
    - VADOC must provide healthcare data
    - VADOC finds it challenging to immediately comply



# EHR IMPLEMENTATION (Continued)

- Impact (continued)
  - Vulnerable to additional litigation
    - Challenging to provide data to validate VADOC is providing constitutionally mandated, adequate healthcare
    - Costly financial penalties
  - Difficult to analyze and contain offender healthcare costs
  - Difficult and time-consuming to provide paper-based health care records to community providers





# Fluvanna Correctional Center for Women (FCCW)

- Institutional Characteristics
  - Largest female facility
  - Encompasses all security levels
  - Houses the major medical facility for female offenders
  - Has a certified in-patient psychiatric unit on-site
- Statistics
  - Houses 1,200 female offenders each month
  - Female offender medical needs are almost double that of males
  - Each week, nurses dispense over 34,000 pills to offenders at FCCW
    - This is more pills per week than the largest male institution with an infirmary that houses 3,000 male offenders
  - 56% of the offenders at FCCW had a specialist appointment during FY2018
  - Averages almost 200 transports to specialists each month



# FCCW Medical Contractor

- VADOC uses medical contractors to provide medical management at some facilities (FCCW used a medical contractor until November 2018)
- Generally, contracts for medical management include:
  - Providing medical staff
  - Ensuring at least a minimum level of staff are present on-site for each shift
  - Providing primary medical care to offenders in general population
    - Inclusive of sick call and on-call physician coverage
  - Providing medical care to offenders in the infirmary
  - Managing and covering costs for pharmaceutical and off-site medical costs
  - Managing and covering costs for emergency transportations
  - Coordinating hospital care with outside hospitals
- Contractors provide these services at a fixed rate per offender per month (capitated model)



# FCCW Litigation History

- July 2012: Lawsuit filed against Fluvanna
  - Corizon was medical contractor at that time
  - Judge dismissed Corizon as a defendant leaving VADOC as only defendant
- September 2015: Pursued settlement agreement
  - This was due to being unable to transfer medical expert witnesses from Corizon to State defense
- February 2016: Finalized settlement agreement
  - 10 month process



# FCCW Current Status

- January 2, 2019 – Injunction Ordered
  - Federal judge issued an injunction in the show cause case (VADOC breached some aspects of the settlement agreement but was not found in contempt)
  - The injunction requires:
    - Within 14 days, Defendants shall place in a conspicuous, well-known, and readily available location in every FCCW building that houses at least one Plaintiff the following equipment: backboard/stretchers, oxygen tank and mask, suction machine
    - Within 30 days, develop medical protocols to ensure unimpeded access to timely medical care that must take into account:
      - Delays experienced by four patient plaintiffs
      - Consider how similar experiences can be prevented in the future
      - Evaluate the deficiencies in the sick call process and document specific actions Defendants will take to remedy them
    - Within 30 days, instruct and train all individuals handling medical grievances to provide each grievant a meaningful response addressing the substance of each grievance, even if the substance of the grievance is ultimately found to be unfounded. Responses shall be conveyed to the grievant in a timely manner, as measured by the nature and seriousness of the grievance at issue.



# FCCW Current Status (Continued)

- The injunction requires (Continued):
  - Within 45 days, Defendants shall:
    - Continuously staff FCCW with the equivalent of 78 full-time nurses. Defendants shall document their daily staffing levels and makes such document(s) available to the compliance monitor.
    - Train FCCW nurses, and any other individuals who dispense medication on how and when to reorder or refill medications to ensure a continuity of supply.
    - Train FCCW nurses on the importance of, and how to, accurately record or chart distribution of medication, as well as a patient's vital signs, including but not limited to weight and pulse rate.
    - Train FCCW nurses about responding timely to medical emergency, and about how to identify and address signs of cardiovascular and pulmonary afflictions.
    - Submit to the compliance monitor and Plaintiffs' counsel the protocol developed in accordance with the order and documentation showing their satisfaction of the protocol.
  - Within 60 days, Defendants shall submit a report to the compliance monitor detailing the steps taken to effectuate certain requirements.
  - Any newly hired nurse at FCCW shall also receive the training required in the order.
  - Defendants shall ensure all future mortality reviews of deaths at FCCW contain a section entitled "self-critical analysis" that includes the reviewer's self-critical analysis of FCCW's medical care of the deceased inmate and an explanation of how medical care could have been improved. In the event the reviewer concludes medical care could not have been improved, Defendants shall transmit in a nonpublic manner a copy of the review to the Court, the compliance monitor, and Plaintiffs' counsel within 7 days of its completion. The compliance monitor and Plaintiffs' counsel shall treat any such copy as confidential information, not to be shared, disseminated, or made public without first obtaining leave of Court.



# FCCW Current Status (Continued)

- Have a staffing plan that requires 123 medical personnel positions
- Currently have recruited 56 medical personnel as VADOC employees
- Utilizing contracted medical staff for the remaining 67 medical personnel
- Court requires 78 LPN/RN positions continuously staffed at FCCW
  - Currently have 79 LPN/RN staffed at FCCW
  - 29 are VADOC staff and 50 are contract staff
- Contract staff are more expensive than hiring the individual as a DOC employee. The current staffing model will require all of the funding in the Governor's Introduced Budget.



# FCCW Recruitment and Retention Methods

- Methods Used:
  - \$2,500 signing bonus for RNs with 1-year tenure agreement
  - \$1,000 signing bonus for LPNs with 1-year tenure agreement
  - Up to \$10,000 Student Loan Repayment for RNs and LPNs with 2-year tenure agreement
  - Additional pay stipend of \$2,300 for RNs and LPNs working day shift
  - Additional pay stipend of \$3,120 for RNs and LPNs working night shift
  - On-site job fairs and external marketing for RNs, LPNs, physical therapists, and physical therapy assistants
  - Exploring agreements with local nursing schools
- Continuing evaluation of the effectiveness of these exceptional recruitment incentives and will broaden marketing efforts to fill the remaining vacancies at Fluvanna



# FCCW Financial Need

- The following is needed to support the medical operation at FCCW:  
*(full funding provided in the Governor's Introduced Budget)*
  - Staffing of 123 medical positions required to manage on-site care:
    - 78 required RN/LPN positions
    - Physicians, mental health providers, certified nursing assistants, medical records clerks, physical therapists
    - Ensures appropriate sick calls, grievances, chronic care clinics, medication dispensing, psychiatric care, mammography, etc.
  - In context, the median rate of medical personnel across 43 states is 40.1 staff per 1,000 offenders\*
    - This increase would raise VADOC medical personnel rate from 30 staff per 1,000 offenders to 32 staff per 1,000 offenders

\*Pew Charitable Trust. (2017). Prison Health Care: Costs and Quality. Retrieved from [https://www.pewtrusts.org/-/media/assets/2017/10/sfh\\_prison\\_health\\_care\\_costs\\_and\\_quality\\_final.pdf](https://www.pewtrusts.org/-/media/assets/2017/10/sfh_prison_health_care_costs_and_quality_final.pdf)





# Medical Contractor Utilization

## **Armor Correctional Health**

- Brunswick Women's Pre-Release Center
- Deerfield Correctional Center\*
- Deerfield Men's/Women's Work Centers
- Greenville Correctional Center and Work Center\*
- Indian Creek Correctional Center
- Lunenburg Correctional Center
- State Farm Enterprise Unit and Infirmary\*
- St. Brides Correctional Center
- Sussex I
- Sussex II

## **Mediko, P.C.**

- Augusta Correctional Center
- Coffeewood Correctional Center

\*Denotes institutions with infirmaries



# Medical Contractor Coverage

- Contractors cover the below costs at each institution:
  - Providing medical staff
  - Ensuring at least a minimum level of staff are present on-site for each shift
  - Providing primary medical care to offenders in general population
    - Inclusive of sick call and on-call physician coverage
  - Providing medical care to offenders in the infirmaries (at those locations)
  - Managing and covering costs for pharmaceutical and off-site medical costs
  - Manage and covering costs for emergency transportations
  - Coordinate hospital care with outside hospitals
- Contracted at a fixed rate per offender per month for all services (capitated model)



# Renegotiated Medical Contracts – Nov 2018

- Both contracts operated under a frozen rate for 3 years
- This is first renegotiation of contract since 2015
- Over the 3 years, medical costs have increased:
  - Hospital Facility costs increase more than doubled
    - Average Cost per Claim for hospital care at MCV was \$17,625 in 2015 and \$44,315 in 2018
  - Out Patient Professional costs increased by 49%
  - Dental costs increased 87%
- Consumer Price Index (CPI) fluctuates between 4% and 6% for medical service commodities each year.



# Renegotiated Medical Contract Rates

## Armor Correctional Health

- Increased rate 18%
  - Average 6% increased for the last 3 years
- Includes cost sharing model if cost exceeds what is expected during FY19
- Continue for 1 year

## Mediko, PC

- Increase rate 17%
  - Average 5.7% increase for the last 3 years
- Continues with capitated rate
- Continue for 2 years at this frozen rate



# Benefits in Using a Medical Contractors

- VADOC able to control cost using the capitated model making budgeted more predictable
- Medical contractors have more flexibility with staffing and personnel decisions
- Medical contractors have more flexibility with negotiating vendor contracts, especially for services provided on-site